



Peter C. Hildreth  
Bank Commissioner

# State of New Hampshire

## Banking Department

64B Old Suncook Rd  
Concord, NH 03301

Telephone: (603) 271-3561  
Fax: (603) 271-0750  
[www.state.nh.us/banking](http://www.state.nh.us/banking)

### **MORTGAGE SERVICER APPLICATION INFORMATION**

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All items on the application form must be completed. All attachments must be enclosed. Make certain that the applicant's name, and if a renewal, applicant's previous year's registration number appears on each attachment. Attachments must be numbered to correspond to the question or item to which they apply. Inclusion of a list/index of attachments is strongly suggested.

Enclose a \$100.00 application fee if this is a new application or \$50.00 application fee if a renewal. Make checks payable to "State of New Hampshire"

If your application is incomplete, you will receive **ONE** written notice of the missing item(s). Once notified, it is the applicant's responsibility to provide the missing information within 60 days of the date of the notice. Under NH law and Department rules, applications that remain incomplete 60 days after such notice, will be deemed withdrawn and application fees will be forfeited.

**Use only the current enclosed application forms. Applications submitted on expired forms will not be processed and will be returned to the applicant.**

**Renewal applications must be filed no later than AUGUST 1, 2003.**

It is recommended that applications be filed via registered mail, express mail or other delivery mechanism that will provide you with a dated, signed receipt of delivery.



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FORM 397-B

### APPLICATION FOR MORTGAGE SERVICER

### REGISTRATION

Registration Year Beginning

September 1, 2003

### New and Renewal Registration Fees

New \$100.00

Renewal \$ 50.00

Make Check Payable To:

"STATE OF NEW HAMPSHIRE"

#### FOR OFFICE USE ONLY

Ck. # \_\_\_\_\_

Amt. \$ \_\_\_\_\_

Rec'd By \_\_\_\_\_ Date \_\_\_\_\_

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Entered By \_\_\_\_\_ Date \_\_\_\_\_

App. Complete \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Pr. Lic. # \_\_\_\_\_ Date Mailed \_\_\_\_\_

1. Check one: New Application \_\_\_\_\_  
Renewal Application \_\_\_\_\_ (Year 2002-2003 Registration # \_\_\_\_\_)

#### NAME AND IDENTIFICATION OF APPLICANT

2. Name of Applicant: \_\_\_\_\_

2a. Will applicant do business under a trade name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide trade name and **attach a copy** of trade name registration issued by NH Secretary of State. The trade name provided below **MUST** match the trade name registration issued by NH Secretary of State.

Trade Name: \_\_\_\_\_

2b. Applicant's federal tax ID number \_\_\_\_\_

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Applicant's principal place of business

3a.

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

\_\_\_\_\_  
(Telephone) (Fax)

3b. Applicant's Servicing offices: **(Attach additional sheets if necessary)**

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

\_\_\_\_\_  
(Telephone )

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**EXECUTIVE OFFICER**

**(ALL MAIL AND CORRESPONDENCE WILL BE ADDRESSED TO THIS INDIVIDUAL, INCLUDING LICENSES. OUR DATABASE WILL NOT ACCOMMODATE EXCEPTIONS.)**

4. President, Chief Executive Officer or Senior Partner of Applicant:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Direct Line Telephone)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-Mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

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**WORLD WIDE WEB ADDRESS**

5. Provide applicant's World Wide Web address, if applicable. If no world wide web address, indicate by stating "N/A", "None", "Not Applicable" or similar statement

http:// www. \_\_\_\_\_

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**APPLICANT'S LEGAL STATUS**

- 6a. Applicant is a: (check one) Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

Association \_\_\_\_\_ Other \_\_\_\_\_

- b. If a corporation, partnership, LLC, Association or Trust, provide date and state of registration, and **attach a copy of Certificate of Incorporation, Partnership or Existence.**

State: \_\_\_\_\_ Date \_\_\_\_\_

- c. If corporation is not a NH corporation, attach a copy of certificate of registration as a foreign corporation issued by the NH Secretary of State. (NH Secretary of State, Corporate Division - Phone: 603-271-3244)
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7. **APPLICATION AND CONSUMER COMPLAINT CONTACT PERSONS**

- 7a. NAME, TITLE AND DIRECT TELEPHONE NUMBER OF PERSON COMPLETING APPLICATION:

Name \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Direct Line Telephone)

- 7b. NAME, TITLE AND DIRECT TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR RESOLVING CONSUMER COMPLAINTS AND INQUIRIES

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Direct Line Telephone)

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**AFFIRMATION**

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying documents and exhibits, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant **(Must be the same as item 2 on Page 1)**

By \_\_\_\_\_  
Name **(Print or type)**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

Personally appeared the above named applicant \_\_\_\_\_,

by \_\_\_\_\_, its \_\_\_\_\_,  
(Name) (Title)

hereunto duly authorized, and acknowledged that the foregoing statements by him/her subscribed to be true.

Dated at \_\_\_\_\_, before me, \_\_\_\_\_

Justice of the Peace/Notary Public

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

My Commission expires \_\_\_\_\_

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**Renewal applications must be received by the Banking Department on or before  
AUGUST 1, 2003.**

**The Bank Commissioner may take up to 120 days to approve or deny a complete application.  
Application fees are NON-REFUNDABLE**